

INBRIEF

Summarizing the Evidence

Multidisciplinary Treatment Programs for Patients With Chronic Non-Malignant Pain: An Update of a Review

Key Messages

- Multidisciplinary treatment programs aim to manage chronic pain through a combination of approaches, often involving medical therapy, physical and behavioural therapy, and education.
- These programs have demonstrated improvements in pain intensity, and may improve quality of life and function.
- Various types of multidisciplinary programs are used in chronic pain studies. This suggests that different combinations of the individual components used may be effective in managing pain. More research is needed to identify which individual components and combinations are likely to provide optimal benefits.
- The cost-effectiveness of multidisciplinary programs remains uncertain. One American study concluded that multidisciplinary programs were not cost-effective. Additional Canadian research is needed to adequately assess the potential benefits of multidisciplinary pain management programs.
- No relevant evidence-based guidelines were identified that were published between January 1, 2017, and April 11, 2019.

Context

Chronic pain is defined as pain that lasts for longer than three months. In the presence of long-lasting pain, patients may experience changes in their pain perception and threshold levels, coping abilities, and social and professional activities, as well as significant impact on their quality of life. Because pain can impact so many aspects of a patient's life, it is considered multi-dimensional. This suggests that optimal management of chronic pain may require more than one approach.

Technology

Multidisciplinary treatment programs for chronic non-malignant pain involve care that is delivered by at least two different health professionals of different backgrounds. Programs can include different combinations of medical therapy, psychotherapy or behavioural therapy, exercise programs, relaxation techniques, and patient education.

Issue

There is a need for evidence on the optimal services for patients with chronic pain that extends beyond the use of medications. A 2017 Rapid Response report entitled *Multidisciplinary Treatment Programs for Patients With Chronic Non-Malignant Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines* found that these programs improved pain and function or disability compared with baseline levels. The difference between the intervention and control groups did not always reach statistical significance; however, the control groups included a wide range of strategies that also provided improvement compared with baseline pain levels. No cost-effectiveness studies were identified. One evidence-based guideline recommended multidisciplinary management of chronic non-malignant pain. Two other guidelines recommended such programs only in certain circumstances.

A review of the most recent evidence on the clinical effectiveness, cost-effectiveness, and evidence-based guidelines regarding the use of multidisciplinary treatment programs for patients with chronic non-malignant pain outside of a hospital setting will update the previous report and help inform objective decision-making regarding treatment options for managing pain.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results

The findings from five publications (two systematic reviews, two randomized controlled trials, and one economic evaluation) were summarized. No relevant evidence-based guidelines were identified.

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